



9th URBAN SEARCH & RESCUE COURSE

FROM 15th December TO 26th December 2025

REGISTRATION FORM

Passport
size
photograph
of the

1	Name :-	
2	Designation:-	
3	Ministry/Department/Organisation:-	
4	Address of the Organisation:-	
5	Email id of the Organisation:-	
6	Telephone No. of the Organisation:-	
7	Educational Qualification:-	
8	Address of the Trainee Officer:-	
9	Mobile no. of the Trainee Officer:-	
10	Email id of the Trainee Officer:-	
11	Fee DetailsDD No.:-	
	Date:-	
	₹	

I certify that the above information furnished by me is true to the best of my knowledge and belief.

Signature of applicant

To be certified by Head of Department

This is to certify that the information furnished by Shri/Smt/Ms-----
in the form of application above is correct to the best of our knowledge.

(Signature & Seal of Authorized Official)

Name & full address of the Head of Department